



December 13, 2022

**VIA Email & U.S. MAIL**

David C. Tobin, Esq  
Tobin, O'Connor and Ewing  
5335 Wisconsin Ave NW  
Suite 700  
Washington, D.C. 20015

**Re: MedStar Franklin Square Medical Center  
Establish a Liver Transplantation Program  
Matter No. 17-03-2406  
Questions to supplement the updated application**

Dear Mr. Tobin:

Thank you for submitting the updated application for Certificate of Need (CON) approval to establish a liver transplantation program at MedStar Franklin Square Medical Center in Rosedale on November 17, 2022. The total project cost is estimated to be \$75,800. The application has been reviewed, and it is incomplete. Accordingly, please provide responses to the following questions:

**Project Identification and General Information**

1. Please provide the average charge per liver transplant and average charge per ECMAD for MedStar Georgetown University Hospital. Pages 16-17.
2. Please provide the source of funds for this project on the budget table. Pages 20-21

**Charity Care**

3. Please provide the application form used to determine probable eligibility for charity care. The application used to determine probable eligibility is referred to as Attachment 3 which was not included in the CON request. Page 26.

4. The updated application states that MFSSMC was in the bottom quartile for charity care for 2021, but the Figure 12 shows that the hospital was in the 3<sup>rd</sup> quartile. Please explain the discrepancy. Page 27.

5. If the hospital is in the bottom quartile for charity care, please provide any plans the hospital has to increase the level of charity care provided.

### **Quality of Care**

6. The application refers to Attachment X as the description of MFSSMC's approach to quality and safety. Attachment X was not included in the application. Please provide the document. Page 29.

7. Please provide a list of all measures that fall below the Maryland average as shown in the Maryland Health Care Commission's Quality reporting page <https://healthcarequality.mhcc.maryland.gov/Hospital/List?searchBy=name&sCol=name&sDir=ASC>. Provide any remediation plan that MFSSMC has in place to improve each of the measures. Page 29.

### **Need**

8. Please provide a more detailed explanation of how implementing the project will reduce the demand for donor organs through medical management and advances in clinical research, including the correlation of how an increase in these activities impacts need. Page 30.

### **Cost Effectiveness**

9. Please provide a response to subparagraph (a) that demonstrates and provides an analysis on why the existing programs at Johns Hopkins Hospital and UMMS cannot meet the need for the organ transplant service for the proposed Baltimore population to be served. Page 41.

### **Viability**

10. Please discuss the financial feasibility of a liver transplant program at MFSSMC without a kidney transplant program, including any adverse impact. If no impact, please explain. Provide documentation and evidence that supports each of your assumptions, including documentation and citing the source for your utilization projections.

11. Regarding volume assumptions, please provide the MFSSMC historical utilization of MGTI clinics for the years 2020-2021. How many of these cases were referred eventually for liver transplantation, and where did these patients receive organs, i.e., Johns Hopkins



Hospital, UMMS, MGTI, or another transplant program. Would future liver transplants performed at MFSSMC take surgical volume away from MGTI and have an impact on this existing program? Page 50

12. Regarding Financial Projection Assumptions, please explain the reduction in revenue in FY 18 and FY 19 due to “a decline in meaningful use revenue.” Page 50

## Tables

13. Please provide revised tables E-L.

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt (if needed, you may request an extension). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

All information supplementing the application must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: “I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.”

I remind the parties that the ex parte prohibitions in the Administrative Procedure Act, Maryland Code Ann., State Gov’t §10-219, apply to this proceeding until the Commission issues a final decision.

Sincerely,



Michael J. O'Grady, Ph.D  
Commissioner/Reviewer

cc: Paul Parker, Director, Health Care Facilities Planning and Development, MHCC  
Wynee Hawk, Chief, CON, MHCC  
Moira Lawson, Program Manager, MHCC  
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